Birth Injury Fund

*To Be Placed in Chapter V (Billing Instructions) of **All Provider Manuals***

Claims Processing for Members in Birth Injury Fund

Effective May 1, 2018, DMAS is the last payer of resort for all claims that are submitted by Birth Injury Fund (BIF) Claimants. All claims must exhaust benefits from the Birth Injury Fund and/or private insurance prior to being submitted to DMAS. In the event there is a remaining balance, DMAS will pend the claim for review and pay the claim as long as the member remains eligible for Medicaid and the service is covered by Virginia Medicaid. All fees paid by DMAS are based on the Medicaid allowed reimbursement. Providers must verify eligibility on all members through ARS or MediCall prior to submitting claims to DMAS.

- If the member is actively enrolled in BIF, the ARS and MediCall systems will return Third Party Liability (TPL) information that indicates the member has "Best Life," which is the BIF Third Party Administrator (TPA).
- If the member has BIF or TPL, these must be billed and paid prior to billing DMAS for fee-for-service reimbursement.

Providers must assure that the TPA and BIF receive and adjudicate claims prior to submitting to Virginia Medicaid. The Explanation of Benefit (EOB) from the primary insurer and receipt of any other payment(s) shall be attached to the claim.